MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION PO BOX 300 JEFFERSON CITY, MO 65105-0300 ASSIGNMENT OF CERTIFICATE

OF DEPOSIT — FUEL TAX

FORM **4753**

(REV. 10-2003)

REQUIREMENTS FOR COMPLETING FORM THIS FORM CANNOT BE ALTERED

Completed by a state or federally chartered financial institution. Signed by applicant.

Signed by official from financial institution.

Signature of official from financial institution must be notarized.

C.D. issued in the name of applicant "AND" the Missouri Department of Revenue, must be endorsed by the applicant and accompany this form.

OWNER'S NAME		'	<u>, </u>	
BUSINESS ADDRESS		CITY	ST	TATE ZIP CODE
For and in consideration of t	he issuance of a fuel tax licen	so by the Misseuri Departmen	nt of Povenue I	
For and in consideration of t	THE ISSUATICE OF A TUEFTAX TICETT	se by the Missouri Departitier	it of Nevertue, i,	(NAME OF TAXPAYER)
being of lawful age, assign and transfer the Certificate		Deposit for	(\$),
Certificate of Deposit No		, issued	(MONTH, DAY)	,, by
		, of		
	FINANCIAL INSTITUTION) epartment of Revenue in lieu	of a cash hond	(FINANCIAL INSTITUTION	I'S ADDRESS)
as security to the Missoull D	epartment of Nevenue in lieu	or a casir bona.		
I understand that at any time	e a delinguency occurs, the M	lissouri Department of Rever	nue may redeem the C	ertificate of Deposit assigned
		•	•	provisions of the law and any
			ng, then the Director o	f Revenue will, at the discon-
tinuance of the licensing req	uirements, release the Certific	cate of Deposit.		
I HAVE READ THE FORE	GOING AND FULLY UNDER	RSTAND IT AND CERTIFY	THAT I AM THE TAX	PAYER SUBJECT TO THIS
ASSIGNMENT OR I HAVE	THE AUTHORITY TO EXEC	UTE THIS ASSIGNMENT OF	N BEHALF OF THE TA	AXPAYER. Witness my hand
al-t-		-l		
this		day of		,·
TAXPAYER OF RECORD				
BUSINESS NAME				
(OWNER, OFFICER, PARTNER,	OD MEMBER CICALATURE	(TITLE)	,	HEREBY ACKNOWLEDGES
, , , , , , , , , , , , , , , , , , , ,	,	,		
AND AGREES TO HONOR	THE FOREGOING ASSIGNM	IENI.		
FINANCIAL INSTITUTION A	CKNOWLEDGEMENT			
BANK	PHONE NUMBER	BY (SIGNATURE OF BA	NKING OFFICIAL)	
BANK OFFICIAL'S NAME TYPED OR PRINTED		TITLE		
5, unt 6, 1, 16, 1, 2, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		2		
	FFICIAL'S NAME MUST BE	NOTARIZED)		
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF S	ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		IISE RIIRRER ST	TAMP IN CLEAR AREA BELOW.
		DAY OF		ALL IN VELAN ANEA DELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION		
		EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR P	RINTED)		

INSTRUCTIONS

1. Issuing Financial Institution

The Certificate of Deposit (CD) must be issued jointly in the name of the taxpayer AND the Missouri Department of Revenue. The type of ownership of the business determines how the taxpayer's name must be listed on the CD:

- 1) Sole Proprietor Name of individual
- 2) Partnership Name of ALL partners
- 3) Corporation Name of the corporation
- 4) Limited Partnership Name of the limited partnership
- 5) Limited Liability Company Name of the limited liability company
- 6) Limited Liability Partnership Name of the limited liability partnership

The taxpayer's name must be joined with the Missouri Department of Revenue's name with the word "AND" on the CD. The CD must be at least a 24 month (2 year) CD.

The Assignment of Certificate of Deposit must be completed by the financial institution. It must be fully completed and the bank official's name must be notarized. The form must also be signed by the taxpayer (sole proprietor, a partner, a corporate officer or a member). The signature card should be attached to the assignment form. The Department of Revenue will sign the signature card and return it to the financial institution.

The information returns, interest payments and correspondence concerning the CD must be issued to the taxpayer. Upon presentment of a release form issued by the Missouri Department of Revenue, a check may be issued or made payable to the taxpayer.

2. Taxpayer

The CD must be endorsed in ink or accompanied by a signed withdrawal slip. If the certificate of deposit is a "Book Entry" CD it must be accompanied by a signed withdrawal slip or a letter from the issuing financial institution indicating how the Department of Revenue may draw upon the CD. The endorsement or withdrawal slip signature must be by the owner if the business is a sole ownership, all partners listed on the CD if the business is a partnership, an officer if the business is a corporation, a general partner if the business is a limited partnership or limited liability partnership, or by a member if the business is a limited liability company. The CD, this assignment form and the signature card should be forwarded to: Missouri Department of Revenue, PO Box 300, Jefferson City, MO 65105-0300.



AUTHORITY TO RELEASE THE ABOVE LISTED CERTIFICATE C	OF DEPOSIT IS HEREBY GRANTED THIS
DAY OF	PLEASE MAIL ANY PROCEEDS FROM THE CERTIFICATE OF
DEPOSIT TO	
	MISSOURI DEPARTMENT OF REVENUE
	BY:
	TITLE: